

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037227

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

3174
FILED OCT 1 1962

546

2761

VS 300
Rev. 4/59

1400X

2400X

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9422.1

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Length of stay in lb 10 yrs	c. CITY OR TOWN Overland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8916 Bristol		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8916 Bristol
3. NAME OF DECEASED (Type or print) Robert Strunk		First Middle Last	4. DATE OF DEATH Sept. 23, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/22/84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired store clerk		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 77
11a. FATHER'S NAME Anton Strunk		11b. MOTHER'S MAIDEN NAME Elizebeth Schmidt	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Friederica Strunk 8916 Bristol	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arterio-sclerosis DUE TO (b) 5 yrs DUE TO (c)		14. NAME OF HUSBAND OR WIFE Friederica Strunk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from March 1, 1960 to Sept 23, 1962 and last saw him alive on Sept 23, 1962 Death occurred at 5 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. D. Richter M.D.		22b. ADDRESS 9385 Page Blvd St Louis, Mo 63114	22c. DATE SIGNED 9/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/26/62	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	
24. FUNERAL DIRECTOR Ortmann Funeral Home 9222 Lackland		25. DATE RECD. BY LOCAL REG. 9-25-62	
		26. REGISTRAR'S SIGNATURE John E. Murphy M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Ortman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.